

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date November 4, 1981		Div. of Mental Health & Mental Retardation - Mental Health Services Section Personal Advocacy Unit - Room 312-H 47 Trinity Avenue, S.W. Atlanta, Georgia 30303		Application Number 81-434	
Application Number DHR 81-13				Date Received NOV 5 1981	
				Date Completed NOV 16 1981	
2. Person to Contact Ms. Dianne Cross, Chief or Sheila Miller Administrative Clerk 656-4355					
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supercade; <input type="checkbox"/> Void					
4. Dates of Series Earliest 1973		5. Records Series Title (followed by title used in office; if different) Mental Health Patient/Client Interstate Compact Case History Files			
Latest to continue					
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Mental Health Services Section is responsible for liaison between regional and area Mental Health/ Mental Retardation programs and the Region IV Office of DHEW for planning, developing, and monitoring of construction, staffing operations, conversions and other grants covered by the provisions of Public Law 94-63, and 314 (d) Public Health Service Federal demonstration funds. This Section comprises units for Forensic, Child and Adolescent, Adult Mental Health, Juvenile Justice, Geriatric, Quality Control & Standards. and Personal Advocacy Services. The Personal Advocacy Unit is responsible for insuring that mental health programs are responsive to human needs and that the dignity and personal integrity of the individual is maintained.					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: transferring patients/clients from one State hospital to another within Georgia or to or from another state. Included are: MH/MR forms 1049 (Transfer of Patient Between Psychiatric Hospitals) and 1043 (Request for Interstate Transfer) which show: date, patient's full name, address, date of birth, sex, race, Social Security number; case number; marital status, date admitted; type of transfer requested; narrative report of patient's condition upon admission; whether or not declared competent; and signatures of State Hospital Superintendent and Director, Division of Mental Health; and related correspondence concerning patient's transfer. The file is arranged : alphabetically by name of facility; thereunder, alphabetically by name of patient.					
8. Monthly Reference Rate One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ approximately 30 cases per month kept by investigator while case is active.					
9. Annual Rate of Accumulation or Records Letter-size drawers <u>1</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. Contain patient names - Georgia Health Code 88-502.10
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need | 7 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

*to fulfill requirements for the possibility of legal action

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon determination that investigation is complete, or that case is closed, place all papers for a particular patient in the inactive file; cut off the inactive file at end of each calendar year; hold in current files area 2 years; transfer to State Records Center; hold 5 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Diane F. Crank</i>	10-30-81	<i>Elizabeth Crank</i>	10/19/81
		Elizabeth Crank, CRM - RMO State Records Committee (Signature)	Date
State Auditor/Designee	<i>[Signature]</i>	<i>[Signature]</i>	11-10-81
Secretary of State/Designee	<i>[Signature]</i>	<i>Carroll Hart</i>	11-10-81
Attorney General/Designee	<i>[Signature]</i>	<i>[Signature]</i>	11-12-81

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)